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PTO/SB/05 (03-01) Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. ROBERT First Inventor COUPTESY ANSWERING SOLVERON FOR COSTON FOR COSTON DRUCES

Express Mail Label No. (Only for new nonprovisional applications under 37 CFR 1.53(b)) Assistant Commissioner for Patents APPLICATION ELEMENTS ADDRESS TO: Box Patent Application Washington, DC 20231 See MPEP chapter 600 concerning utility patent application contents. Fee Transmittal Form (e.g., PTO/SB/17) CD-ROM or CD-R in duplicate, large table or (Submit an original and a duplicate for fee processing) Computer Program (Appendix) Applicant claims small entity status. 8. Nucleotide and/or Amino Acid Sequence Submission See 37 CFR 1.27. ecunication [Total Pages 34] (if applicable, all necessary) Specification Computer Readable Form (CRF) a. | - Descriptive title of the invention b. Specification Sequence Listing on: Cross Reference to Related Applications CD-ROM or CD-R (2 copies); or - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix Statements verifying identity of above copies - Background of the Invention - Brief Summary of the Invention **ACCOMPANYING APPLICATION PARTS** - Brief Description of the Drawings (if filed) - Detailed Description Assignment Papers (cover sheet & document(s)) 9 - Claim(s) Power of 37 CFR 3.73(b) Statement - Abstract of the Disclosure 10. (when there is an assignee) Attorney English Translation Document (if applicable) Drawing(s) (35 U.S.C. 113) [Total Sheets Copies of IDS Information Disclosure 12. 5. Oath or Declaration [Total Pages Statement (IDS)/PTO-1449 Citations Preliminary Amendment Newly executed (original or copy)
Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed) 13 Return Receipt Postcard (MPEP 503) 14 (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR Nonpublication Request under 35 U.S.C. 122 16. 1.63(d)(2) and 1.33(b). (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Application Data Sheet. See 37 CFR 1.76 17. Other: 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation-in-part (CIP) of prior application No :_ Group Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Correspondence address below Customer Number or Bar Code Label (Insert Customer No, or Atlach bar code label here) OBERT OSANK Name Address ALTOS City State Zip Code Country Telephone KOBERT OSANAJR Registration No. (Attorney/Agent) Name (Print/Type) Signature Date

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FEE TRANSMITTAL			Complete if Known						
FEE IKANSIVIIIAL			Application Number						
for EV 2002			Filing Date						
for FY 2002			First Named Inventor		entor (ROBERT OSANN,	JR.		
Patent fees are subject to annual revision.			Examiner Name						
Applicant claims small entity status. S	ee 37 CFR 1.27		Group Art Unit						
TOTAL AMOUNT OF PAYMENT (\$) 934					No				
Attorney Docket No.									
METHOD OF PAYMENT (check		FEE CALCULATION (continued)							
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Charge fee(s) indicated below Credit any overpayments			520	147	2,520	For filing	g a request for ex parte reexamination		
Charge any additional fee(s) during the pendency of this application			920*	112	920*	Reques	ting publication of SIR prior to		
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FEE CALCULATION		113 1,8	-	113	1,040		er action		
1. BASIC FILING FEE		115 1	110	215	55	Extensi	on for reply within first month		
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SUBTOTAL (1)	(\$) 370		110	240	55		to revive - unavoidable		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			280	241	640		to revive - unintentional		
Extra Claims	Fee from below Fee Paid		1		640		sue fee (or reissue)		
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SUBMITTED BY	Complete (if applicable)		
Name (Print/Type)	ROBERT OSAND, JR. Registration No. (Attorneyl Agent)	Telephone	650-917-0448
Signature	Polt Sun 1	Date	2-13-02

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